DATE(MM/DD/YY) 12/16/05

	ODUCER Aon Risk Services of Ne 10 Lanidex Center West P.O. Box 608 Parsippany NJ 07054-060	D AS A MATTER OF RIGHTS UPON THE TE DOES NOT AMEN FORDED BY THE POI AFFORDING COVERAGE can Ins Co	CERTIFICATE D, EXTEND OR LICIES BELOW.	Holder Identifier:							
INSURED AMEC Earth & Environmental, Inc.			COMPANY B								
	1405 West Auto Drive Tempe AZ 85284 USA			COMPANY							
			COMPANY D	COMPANY							
CC	VERAGES					SIR May Apply					
	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	` ′	LIM	итs	31				
Α	GENERAL LIABILITY	GL0337359904	05/01/05	05/01/06	GENERAL AGGREGATE	\$2,000,000	448				
	X COMMERCIAL GENERAL LIABILITY	General Liability			PRODUCTS - COMP/OP AGG	\$1,000,000	570015884481				
	CLAIMS MADE X OCCUR				PERSONAL & ADV INJURY	\$1,000,000	001				
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$1,000,000	57(
	X Aggregate Per Project/Locati				FIRE DAMAGE(Any one fire)	\$1,000,000	- - -				
					MED EXP (Any one person)	\$25,000	te				
A	X ANY AUTO	BAP337360004 Automobile - Commercial	05/01/05	05/01/06	COMBINED SINGLE LIMIT	\$1,000,000	Certificate No:				
	X ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)		Ce				
	X HIRED AUTOS X NON-OWNED AUTOS				BODILY INJURY (Per accident)						
	X COLL/COMP DED \$1000				PROPERTY DAMAGE						
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT						
	ANY AUTO				OTHER THAN AUTO ONLY:						
	\mathbf{H}				EACH ACCIDENT						
		1			AGGREGATE						
	EXCESS LIABILITY				EACH OCCURRENCE						
	UMBRELLA FORM				AGGREGATE						
A	OTHER THAN UMBRELLA FORM WORKER'S COMPENSATION AND	wC350486604	05/01/05	05/01/06	X WC STATU- TORY LIMITS FR						
	EMPLOYERS' LIABILITY	Workers Compensation			EL EACH ACCIDENT	\$1,000,000					
	THE PROPRIETOR/ PARTNERS/EXECUTIVE X INCL				EL DISEASE-POLICY LIMIT	\$1,000,000					
	OFFICERS ARE: EXCL				EL DISEASE-EA EMPLOYEE	\$1,000,000	=				
A	X Archit&Eng Prof	8434250 Pollution Liability	07/31/05	07/31/06	Aggregate (claims made)	\$2,000,000					
DES	CRIPTION OF OPERATIONS/LOCATIONS/V	EHICLES/SPECIALITEMS ation and Closure of Underg	round Stanson	Tanks (USTS)	Project # cccocoo	08-42 The	蜇				
Sta	te of Arizona, its depart	ments, agencies, boards, col s additional insured with r	mmissions, ūn	iversities an	d its officers, off	icials, agents here required					
CEF	RTIFICATE HOLDER		CANCELLAT	TION			韖				
			SHOULD ANY	OF THE ABOVE DES	CRIBED POLICIES BE CANCELL	LED BEFORE THE	翼				
	Arizona Department	Environmental Quality	EXPIRATION DA	EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL							
	Attn: Bambi Brenden	_	30 DAYS WRITT	30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,							
	1110 West Washingto Phoenix AZ 85007 US	n Street A	BUT FAILURE T	BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY							
	1110C111X AL 03001 03	•		OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.							
	AUTHORIZED REPRESENTATIVE William R. Hauson										
AC	ACORD 25-S (1/95) © ACORD CORPORATION 1988										

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

Attachment to ACORD Certificate for AMEC Earth & Environmental, Inc.

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

AMEC Earth & Environmental, Inc. 1405 West Auto Drive Tempe AZ 85284 USA

COMPANY	
COMPANY	
COMPANY	
COMPANY	
COMPANY	

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER POLICY DESCRIPTION	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	

${\tt DESCRIPTION\ OF\ OPERATIONS/LOCATIONS/VEHICLES/SPECIAL\ ITEMS}$

by written contract. A Waiver of Subrogation is granted in favor of The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents and employees where required by written contract. The coverage provided herein shall be primary and any applicable insurance maintained by the certificate holder shall be excess and non contributory.

Certificate No: 570015884481